

This form is required in accordareceives state reimbursement e								
Due Date All Routes				Cou ctobe	inty Supt	To OPI October 15		Rate Per Mile \$1.57
County Name			County Number		District Nan	ne		Legal Entity Number
Hill			21		Box Elde	r Public Schools		0425 0426
Route #	Lengt	h of Route ((miles per day)			vice Bus Route Mi		Rated Capacity
7	32				Bus Rout	□ Non Bus Mile te Mileage	age	72
Vehicle I.D. #		License #			District Ow		District Own	ned
1BAAHCPA2YF092714	(663				If so, Name of Owner I rate per mile		
Reimbursement Distribution- Er	nter the	legal entity				reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity		Legal Entity		matc	ch budget! Legal Entity	,	Legal Entit	ty
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% 50.00 PASSENGER INFORMATION		% 50.	00		%		%	
		.,	ELEMENTAR'		_	HIGH SCHOOL	_	TOTAL
Number of Preschool/Kindergar this route	rten pup	oils riding	(Grades I	PK-8)	(Grades 9-	12)	ELIGIBLE RIDERS
			a NUMB	ED		b NUMBEF		c a + b
Regular (include eligible Preschool/l	Kinderga	rten riders)	NOINID	LIX		NOWBER	`	a + b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e.,								
nonresident and no attendance agree otherwise allow nonresident riders to	o be eligi	ible)						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		ders)						
TOTAL RIDERS								
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I certify that this application for bus operates on the route as ap								
Signature - Chair, Board of Trustees	S						Date	
County This Application for Registration area assigned to it by the Coun	n of Sch	ool Bus and	State Reimbursemer			ordance with Section 2 wed and I certify that this		
Signature - Chair, County Transport							Date	



Date

1 copy State Supt.1 copy County Supt.1 copy School District

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County Name			County Number		District Nan	ne		Legal Entity Number
Hill			21		Box Elde	r Public Schools		0425 0426
Route #	Leng	gth of Route	(miles per day)			vice Bus Route Mi		Rated Capacity
1	57				Rus Rout	□ Non Bus Mile te Mileage	age	72
Vehicle I.D. #		License #			District Ow		District Own	ned
1BABHCOA24F214612		742				If so, Name of Owner I rate per mile		
Reimbursement Distribution- En	nter the	e legal entity				reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity		Legal Entity		maic	th budget! Legal Entity	,	Legal Entit	ty
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Number of Preschool/Kinderga this route	rten pu	ipiis riaing	(Grades	PK-8)	(Grades 9-	12)	ELIGIBLE RIDERS
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Regular (include eligible Preschool/	/Kinderg	arten riders)	TVOIVIE	JLIX.		NOWBE	`	a 1 b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
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TOTAL ELIGIBLE RIDERS								
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Signature - Chair, Board of Trustees	S						Date	
County This Application for Registration area assigned to it by the County	n of Scl	hool Bus and	d State Reimburseme			ordance with Section 2 wed and I certify that this		
Signature - Chair, County Transport							Date	



Date

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For additional information contact Maxine Mougeot at 444-3096 or email mmougeot@state.mt.us

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Due Dates All Routes			To C Octo		nty Supt	To OPI October 15		Rate Per Mile \$1.57	
County Name			County Number		District Nan	ne		Legal Entity Number	
Hill			21		Box Elde	r Public Schools		0425 0426	
Route #	Length of R	oute	(miles per day)			rvice Bus Route M		Rated Capacity	
5	90				Bus Rout	□ Non Bus Mile te Mileage	age	72	
Vehicle I.D. #	Licens	e #			District Ow		District Ow	ned	
1BAAHCPH93F211591	718					If so, Name of Owner I rate per mile			
Reimbursement Distribution- En	iter the legal of	entity				reimbursement to be p	aid to each di	strict. Note: Percentages	
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1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e.,									
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Signature - Chair, Board of Trustees				_			Date		
County T This Application for Registration area assigned to it by the Count	of School Bu	s an							
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We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee



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Due Date All Routes			County Supt ober 1	To OPI October 15		Rate Per Mile \$1.57		
County Name		County Number	District Nar	me		Legal Entity Number		
Hill		21	Havre Pu	ublic Schools		0427 0428		
Route #	Length of Rout	e (miles per day)		rvice Bus Route Mi		Rated Capacity		
12-16-6	191.4		Bus Rou	□ Non Bus Mile te Mileage	age	72		
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PASSENGER INFORMATION	70 0	0.00	70		70	•		
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Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to	eement that would be eligible)							
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County This Application for Registration		Committee Approval as nd State Reimbursement						
area assigned to it by the County Signature - Chair, County Transport		Committee.		-	Date	-		



This form is required in accordareceives state reimbursement e					one form for e	ach bus route that			
Due Date All Routes	s:	•	ounty Supt	To OPI October 15	l	Rate Per Mile \$1.57			
County Name		County Number	District Nan	ne		Legal Entity Number			
Hill		21	Havre Pu	ıblic Schools		0427 0428			
Route #	Length of Route			rvice Bus Route Mi		Rated Capacity			
12-16-12B	70.3		Rus Rout	□ Non Bus Mile te Mileage	age	78			
Vehicle I.D. #	License #		□ District Ow	<u> </u>	District Own				
1BAAKCSHATF067490	251			If so, Name of Owner I rate per mile					
Reimbursement Distribution- Er	nter the legal entity			reimbursement to be p	aid to each dis	strict. Note: Percentages			
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Number of Preschool/Kindergar	ELEMENTARY I (Grades PK		HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS				
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Regular (include eligible Preschool/	NUMBEF	ζ	NUMBEF	ζ	a + b				
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
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area assigned to it by the Coun	ty Transportation (<u>'</u>				
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1 copy State Supt.1 copy County Supt.1 copy School District

P0 Box 202501
Helena, MT 59620-2501

State Reimbursement
School Year 2005 - 2006

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Due Date All Routes			To (Oct		nty Supt r 1	To OPI October 15		Rate Per Mile \$1.57	
County Name			County Number		District Nan	ne		Legal Entity Number	
Hill			21		Havre Pu	ıblic Schools		0427 0428	
Route #	Lengt	th of Route	(miles per day)		Type of Ser		ileage	Rated Capacity	
12-16-5	73.4				Dua Daut	□ Non Bus Mile	age	72	
Vehicle I.D. #	<u> </u>	License #		П		te Mileage	District Owr		
1BAAHCSH9VF073237		164			Contract - I	If so, Name of Owner I rate per mile			
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FASSENGER INFORMATION			ELEMENTARY	RIE	DERS	HIGH SCHOOL	RIDERS	TOTAL	
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	NUI			R		b NUMBER	₹	c a + b	
Regular (include eligible Preschool/	Kinderga	arten riders)							
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	d Service)							
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area assigned to it by the Coun	ty Trans	sportation C		iid	o been leviev	Tod and rooting that the	o bus operate	within the transportation	
Signature - Chair, County Transport	tation Co	mmittee					Date		



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Due Dates All Routes			To Cor Octobe	unty Supt er 1	To OPI October 15		Rate Per Mile \$1.57	
County Name		County Number	er	District Nan	ne		Legal Entity Number	
Hill	Hill 21			Havre Public Schools			0427 0428	
Route #	Length of Ro	ute (miles per day)		Type of Service □ Bus Route Mi			Rated Capacity	
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Vehicle I.D. #	License	#	[□ District Ow	ned [District Own	ed	
ABAAHCSHXPF054716	364		T		If so, Name of Owner drate per mile			
Reimbursement Distribution- En	iter the legal er				y reimbursement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity	Legal E		must mat	ch budget! Legal Entity	/	Legal Entit	ty	
0427		0428		5			,	
% 50.00	%	50.00		%		%		
% 50.00 PASSENGER INFORMATION	70	30.00		70		70		
			NTARY RI ades PK-8	_	HIGH SCHOOL	_	TOTAL	
this route	Jumber of Preschool/Kindergarten pupils riding his route			8)	(Grades 9-	(Grades 9-12) ELIGIBLE RIDER		
	a NUMB				b NUMBEF	?	c a + b	
Regular (include eligible Preschool/h		TOMBLIC		NOWBE	<u> </u>	d i b		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., nonresident and no attendance agre								
otherwise allow nonresident riders to	be eligible)	1						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten riders)							
TOTAL RIDERS								
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice	We further certify us and bus route meets the minimensed, qualified a	that this bus transports by the State Superinte um standards as estab nd approved driver to	s pupils eligendent; to make the delight of the delight of the delight operate suggested in the del	gible for school t nake such repor ne Board of Publ ch vehicle as red	transportation as defined by ts to the State Superintend lic Education, the Montana quired by 20-10-103, MCA.	/ 20-10-101, MC ent and County S	A. Superintendent as are	
We also agree to refrain from soli We understand that violations of this bus route.	the laws, rules or	regulations governing	school tran	nsportation will b	be sufficient cause for withh	J	•	
We agree that if this route crosse the school boards of both districts she we understand route changes or accordance with 20-10-132, MCA.	nall be attached t	the county superinter	ndent's cop	y of this docume	ent.	,	() , , ,	
I certify that this application for rous operates on the route as ap								
Signature - Chair, Board of Trustees				.55 4.54 40519	gives by the county Trul	Date		
This Application for Registration area assigned to it by the Count	of School Bus	and State Reimburg			ordance with Section a wed and I certify that this			
Signature - Chair, County Transporta						Date		



Date

1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Hill Havre Public Schools 0427 0428 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 12-16-8 41 66 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1HVBGAAP52A942624 700 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0427 0428 50.00 50.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee



This form is required in accordareceives state reimbursement e								
Due Date All Routes			To C Octo		nty Supt r 1	To OPI October 15		Rate Per Mile \$0.95
County Name			County Number		District Nam	ne		Legal Entity Number
Hill 21			21	Havre Public Schools				0427 0428
Route #	Length	h of Route ((miles per day)			vice Bus Route Mi		Rated Capacity
12-16-3A	41.8				Bus Rout	□ Non Bus Mile e Mileage	age	45
Vehicle I.D. #	L	_icense #			District Ow	ned [District Own	ied
1BAA6GPH93F211819	3	322				If so, Name of Owner rate per mile		
Reimbursement Distribution- Er	nter the I	legal entity			f state/county h budget!	reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity	l	Legal Entity	1	iaic	Legal Entity		Legal Entit	ty
0427		04	128					
% 50.00		% 50.	00		%		%	
PASSENGER INFORMATION								_
			ELEMENTARY (Grades Pl		_	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS
				D		b NUMBER)	c a + b
Regular (include eligible Preschool/	Kindergar	rten riders)	NUMBE	ĸ		NOMBER	Υ	a + b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	d Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg	eement th o be eligit	nat would ble)						
Nonpublic School Riders (ineligible)		,						
TOTAL RIDERS								
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County	Transno	ortation Co	mmittee Annroval as	rec	uired in acc	ordance with Section	20-10-132 MC	:Δ
This Application for Registration area assigned to it by the Coun	n of Scho	ool Bus and	State Reimbursement					
Signature - Chair, County Transport	tation Cor	mmittee					Date	



Date

1 copy State Supt.1 copy County Supt.1 copy School District

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Date

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1 copy State Supt. 1 copy County Supt. 1 copy School District

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receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 County Name County Number District Name Legal Entity Number Hill Rocky Boy Public Schools 1207 1229 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 5A 87.4 84 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1BAANCPHX2F304303 696 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 1207 1229 80.00 20.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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This form is required in accordareceives state reimbursement e									
Due Date All Routes				Cou	inty Supt r 1	To OPI October 15		Rate Per Mile \$1.57	
County Name			County Number		District Nan	ne		Legal Entity Number	
Hill			21		Rocky Bo	y Public Schools		1207 1229	
Route #	Leng	th of Route	(miles per day)		Type of Ser	vice Bus Route Mi		Rated Capacity	
7	88				Rus Rout	□ Non Bus Mile e Mileage	age	71	
Vehicle I.D. #	1	License #					District Own		
1BAAHCSH6VF075267		609			□ Contract - If so, Name of Owner □ Contracted rate per mile				
Reimbursement Distribution- Er	nter the	e legal entity			f state/county ch budget!	reimbursement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity 1207		Legal Entity		natt	Legal Entity		Legal Entit	ty	
% 80.00		% 20.	00		%		%		
PASSENGER INFORMATION		70 20.	00		70		70	_	
			ELEMENTARY (Grades P		_	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS	
				:D		b NUMBER)	c a + b	
Regular (include eligible Preschool/	Kinderga	arten riders)	NUMBE	-11		NOWBEI	`	аты	
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	d Service	е							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinders	eement t o be elig	that would gible)							
Nonpublic School Riders (ineligible)	١								
TOTAL RIDERS									
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Signature - Chair, Board of Trustees	s						Date		
County This Application for Registration						ordance with Section a			
area assigned to it by the Coun	ity Tran	sportation C		· na	C DOON TOVIEV	Tod and I dormy that the		, maini ale dansportation	
Signature - Chair, County Transport	tation Co	ommittee					Date		



Date

1 copy State Supt.1 copy County Supt.1 copy School District

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1 copy State Supt. 1 copy County Supt. 1 copy School District

School Year 2005 - 2006

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

This form is required in accordance receives state reimbursement en					one form for each	ch bus route that			
Due Dates		· ·		To OPI	R	ate Per Mile			
All Routes		Octobe	unty Supt er 1	October 15	\$	1.80			
County Name		County Number	District Nan	ne		Legal Entity Number			
Hill		21	Rocky Bo	y Public Schools		1207 1229			
Route #	Length of Route	(miles per day)	Type of Sei	rvice Bus Route Mil	eage	Rated Capacity			
5	67.4		Bus Rout	□ Non Bus Milea te Mileage		84			
Vehicle I.D. #	License #	[☐ District Ow		District Owner	Owned			
1BAANCPHX2F304303	696		☐ Contract - If so, Name of Owner ☐ Contracted rate per mile						
Reimbursement Distribution- En	ter the legal entity			reimbursement to be pa	aid to each dist	rict. Note: Percentages			
Legal Entity	Legal Entit		tch budget! Legal Entity Legal Entity						
1207	1	229							
% 80.00	% 20	.00	%						
PASSENGER INFORMATION	% 20	0.00	70		%				
Number of Preschool/Kindergar this route	ELEMENTARY RI (Grades PK-8		HIGH SCHOOL F (Grades 9-1	TOTAL ELIGIBLE RIDERS					
		a NUMBER		b NUMBER	,	с а+b			
Regular (include eligible Preschool/k	Kindergarten riders)	NOMBER		NOMBER		аты			
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ement that would be eligible)								
TOTAL RIDERS									
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County T This Application for Registration		ommittee Approval as re							
area assigned to it by the Count	y Transportation (as neeri leviev	wed and rectury that this		munit ute transportation			
Signature - Chair, County Transporta	ation Committee	·			Date	<u></u>			



Date

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For additional information contact Maxine Mougeot at 444-3096 or email mmougeot@state.mt.us

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